



CALIFORNIA DEPARTMENT OF

Mental Health

Audits – Bay & Central Region
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(510) 622-2584, FAX (510) 622-2585

January 16, 2009

Denise Hunt, RN, MFT
Director
Stanislaus County Behavioral Health
And Recovery Services
800 Scenic Drive
Modesto, CA 95350

Dear Ms. Hunt:

AUDIT REPORT – STANISLAUS COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Stanislaus County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$17,702,187	\$17,093,067	\$ (609,120)
Federal Share of Healthy Families	\$ 410,538	\$ 399,141	\$ (11,396)
State General Funds EPSDT Due State	\$ 4,354,772	\$ 4,302,381	\$ (52,391)

Denise Hunt, RN, MFT, Director
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If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,



for WALTER J. HILL, JR., MBA, EA
Chief of Audits



MABEL GILTNER, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

cc: Laurie Lusk, Accountant III

SCHEDULE 1

STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2003

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 12,371,190	\$ (599,943)	\$ 11,771,247
HEALTHY FAMILIES - FFP	(Sch. 2a)	117,886	(9,956)	107,929
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 12,489,075</u>	<u>\$ (609,899)</u>	<u>\$ 11,879,176</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 5,330,997	\$ (9,177)	\$ 5,321,820
HEALTHY FAMILIES - FFP	(Sch. 3b)	292,652	(1,440)	291,212
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 5,623,649</u>	<u>\$ (10,617)</u>	<u>\$ 5,613,032</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 17,702,187	\$ (609,120)	\$ 17,093,067
HEALTHY FAMILIES - FFP		410,538	(11,396)	399,141
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 18,112,724</u>	<u>\$ (620,516)</u>	<u>\$ 17,492,208</u>
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	<u>\$ 4,354,772</u>	<u>\$ (52,391)</u>	<u>\$ 4,302,381</u>

SCHEDULE 2

**STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 9,116,064	\$ (86,575)	\$ 9,029,488
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	10,216,727	(358,098)	9,858,629
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	19,650	3,275	22,925
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	30,558	(1,355)	29,203
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	2,648	(96)	2,551
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	124,169	(13,925)	110,244
9. Total		<u>\$ 19,509,815</u>	<u>\$ (456,774)</u>	<u>\$ 19,053,041</u>
<u>Less: Patient & Other Payor Revenues</u>				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 1,547,734	\$ 85,390	\$ 1,633,124
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	128,301	2,467	130,768
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	2,183	0	2,183
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	349	0	349
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	246	0	246
18. Total		<u>\$ 1,678,813</u>	<u>\$ 87,857</u>	<u>\$ 1,766,670</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 7,585,797	\$ (168,690)	\$ 7,417,107
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	10,118,635	(361,920)	9,756,715
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	2,648	(96)	2,551
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	123,923	(13,925)	109,998
25. Total		<u>\$ 17,831,002</u>	<u>\$ (544,631)</u>	<u>\$ 17,286,371</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

SCHEDULE 2a

**STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2003**

COUNTY OPERATED FEDERAL

			As Settled	Audit Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>					
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$	0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)		0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0	0	0
36. Total		\$	<u>0</u>	<u>0</u>	<u>0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	4,433,626	\$ (47,729)	\$ 4,385,898
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	4,185,167	\$ (375,582)	\$ 3,809,585
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	<u>4,185,167</u>	<u>(375,582)</u>	<u>3,809,585</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$	57,440	\$ (1,392)	\$ 56,048
41. Healthy Families Administration	(MH1979, Ln 9)	\$	75,485	\$ (6,774)	\$ 68,711
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	<u>57,440</u>	<u>(1,392)</u>	<u>56,048</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	1,086,931	\$ (169,392)	\$ 917,539
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	<u>30,997</u>	<u>(4,831)</u>	<u>26,166</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$	9,414,272	\$ (283,844)	\$ 9,130,428
46. Enhanced (Children)	(MH1979, Ln 17,17A)		30,989	1,248	32,238
47. Enhanced (Refugees)	(MH1979, Ln 18)		2,648	(96)	2,551
48. MAA	(MH 1979, Ln 11, 12 & 13)		0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)		2,092,584	(187,791)	1,904,793
50. U.R. Skilled Professional	(MH1979, Ln 14)		815,198	(127,044)	688,154
51. U.R. Other	(MH1979, Ln 15)		15,499	(2,416)	13,083
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0	0	0
53. Subtotal- FFP		\$	<u>12,371,190</u>	<u>(599,943)</u>	<u>11,771,247</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)		0	0	0

56. Total SD/MC Reimbursement - FFP		\$	<u>12,371,190</u>	<u>(599,943)</u>	<u>11,771,247</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	80,550	\$ (9,051)	\$ 71,499
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)		37,336	(905)	36,431
60. Total Healthy Families Reimbursement - FFP		\$	<u>117,886</u>	<u>(9,956)</u>	<u>107,929</u>

61. Total - FFP (Ln 56 + Ln 60)		\$	<u>12,489,075</u>	<u>(609,899)</u>	<u>11,879,176</u>
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(To Sch. 1)

[illegible]

[illegible]

(To Sch. 1)

SCHEDULE 4

**STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004**

	<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	20,108,171	(212,203)	19,895,968
(2) Total SD/MC Claims	21,193,504	0	21,193,504
(3) Percent % (Line 1/Line 2)	94.88%	-1.00%	93.88%
(4) EPSDT Claims	12,436,263	0	12,436,263
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	11,799,526	(124,652)	11,674,874
(6) Cost Settled Baseline for EPSDT	2,375,041	0	2,375,041
(7) Net Cost Settlement Amount (Line 5 - Line 6)	9,424,485	(124,652)	9,299,833
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	4,401,234	(58,213)	4,343,022
(8a) FY 2001-02 EPSDT Settlement	3,936,608	0	3,936,608
(8b) Annual Local Growth (L. 8 - 8a)	464,626	(58,213)	406,414
(9) County Match 10% of Local Growth (8b x 10%)	46,463	(5,821)	40,641
(10) Net Cost Settlement Amount (L. 8 - 9)	4,354,772	(52,391)	4,302,381
(11) SGF Distribution (Settled and Audited)	4,354,772	0	4,354,772
(12) SGF Due County (State)	<u>(0)</u>	<u>(52,391)</u>	<u>(52,391)</u> (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase
- (11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider STANISLAUS COUNTY				Provider Number 00050	No. of Adj. 82	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust the A-87 costs to agree with the formally approved Countywide Cost Allocation Plan report dated July 16, 2003. CMMS Pub. 15-1, Section 2304	\$ 44,640,776	\$ 42,158	\$ 44,682,934
2	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 4,185,167	\$(4,185,167)	\$ - *
3	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	\$ 75,485	\$ (75,485)	\$ - *
4	MH 1960	11	C	NON SD/MC ADMINISTRATION	\$ 2,046,832	\$(2,046,832)	\$ - *
-	MH 1960	12	C	TOTAL ADMINISTRATION COSTS To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to the administrative costs below.	\$ 6,307,484		\$ 6,307,484 *
5	MH 1960	12	C	TOTAL ADMINISTRATION COSTS To adjust total administration costs to reflect the Adjustment Number 1.	** \$ 6,307,484	\$ 42,158	\$ 6,349,642
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COST</u>			
6	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ -	\$ 3,809,585	\$ 3,809,585
7	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** \$ -	\$ 68,711	\$ 68,711
8	MH 1960	11	C	NON SD/MC ADMINISTRATION	** \$ -	\$ 2,471,346	\$ 2,471,346
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 6,349,642		\$ 6,349,642
				To allocate Total Administrative Costs between SD/MC, Healthy Families, and Non SD/MC Administration based on the unduplicated client count method percentages of 59.9969% for SD/MC, 1.0821% for Healthy Families Admin., and 38.9210% for Non SD/MC per County's supporting documentation.			
9	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 1,086,931	\$ (169,392)	\$ 917,539
10	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	\$ 30,997	\$ (4,831)	\$ 26,166
11	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW	\$ -	\$ 174,223	\$ 174,223
-	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	\$ 1,117,928		\$ 1,117,928
				To allocate Total Utilization Review Costs using the Medi-Cal Eligibility Factor percentage of 84.4155% for SPMP and Other SD/MC UR, and 15.5845% for Non SD/MC UR per County's supporting documentation.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED GROSS COST</u>			
				<u>MODE 15 Program 1</u>			
12	MH 1966A	3		SERVICE FUNCTION 15/01	\$ 4,242,019	\$ (668,843)	\$ 3,573,176
13	MH 1966A	3		SERVICE FUNCTION 15/10	\$ 6,204,310	\$ (226,109)	\$ 5,978,201
14	MH 1966A	3		SERVICE FUNCTION 15/60	\$ 3,218,526	\$ 66,425	\$ 3,284,951
15	MH 1966A	3		SERVICE FUNCTION 15/70	\$ 1,681,080	\$ 828,527	\$ 2,509,607
			Info	TOTAL GROSS COST	15,345,935		15,345,935
				To adjust the Medi-Cal reported gross cost at the service function level to reflect the RVS method of allocation.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider STANISLAUS COUNTY				Provider Number 00050	No. of Adj. 82	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
16	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	1,099,193	12,783	1,111,976 *
17	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	3,018,796	61,773	3,080,569 *
18	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	21,478	(4,852)	16,626 *
19	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	77,331	(16,482)	60,849 *
20	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	4,622	45	4,667 *
21	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	7,993	1,144	9,137 *
-	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04	885	-	885 *
22	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	15,300	(130)	15,170 *
23	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	38,675	(1,342)	37,333 *
		Info		TOTAL UNITS	4,284,273	52,939	4,337,212 *
				<p>To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated March 6, 2008. (Net disallowed claims of 35,176 units). Above adjustments include Phase II.</p> <p>Copies of workpapers detailing adjustments by service functions have been provided to the County.</p>			
				<p>* Balance carried forward to subsequent adjustment.</p> <p>** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.		Reported	(Decrease)	Adjusted
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
24	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	1,111,976	9,455	1,121,431 *
25	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	3,080,569	4,675	3,085,244 *
-	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	16,626	-	16,626 *
-	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	60,849	-	60,849 *
-	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	4,667	-	4,667 *
-	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	9,137	-	9,137 *
-	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04	885	-	885 *
-	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	15,170	-	15,170 *
-	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	37,333	375	37,708 *
26	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	37,333	375	37,708 *
			Info	TOTAL UNITS	4,337,212	14,505	4,351,717 *
				To adjust the State DMH Approved Claims Report dated March 6, 2008 to incorporate the adjustments made by the County and not being updated in State DMH Approved Claims.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
27	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 1,121,431	(13,231)	1,108,200 *
28	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 3,085,244	(38,716)	3,046,528 *
29	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 16,626	5,232	21,858 *
30	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 60,849	17,575	78,424 *
31	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 4,667	(980)	3,687 *
32	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	** 9,137	81	9,218 *
-	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04	** 885	-	885 *
33	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 15,170	130	15,300 *
34	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	** 37,708	747	38,455 *
		Info		TOTAL UNITS	** 4,351,717	(29,162)	4,322,555 *
				<p>To adjust the SD/MC units of service/time per the State DMH Net Approved Claims Report to the Net county's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County.</p>			
				<p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u> <u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u>			
35	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 1,108,200	75	1,108,275
36	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 3,046,528	(3,710)	3,042,818
-	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 21,858	-	21,858
-	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 78,424	-	78,424
-	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 3,687	-	3,687
37	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	** 9,218	(91)	9,127
-	MH 1966A	10B	Total	ENHANCED - REFUGEES UNITS - 07/01/03 to 06/30/04	** 885	-	885
38	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 15,300	(30)	15,270
39	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	** 38,455	(1,145)	37,310
		Info		TOTAL UNITS	** 4,322,555	(4,901)	4,317,654
				<p>To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county.</p> <p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
40	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	1,208,433	2,344	1,210,777 *
41	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	4,018,990	30,901	4,049,891 *
42	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	1,956	(1,956)	0 *
43	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	6,781	(6,781)	0 *
44	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	11,773	435	12,208 *
45	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	43,581	3,165	46,746 *
46	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	53,961	10	53,971 *
47	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	212,512	(5,559)	206,953 *
			Info	TOTAL	5,557,987	22,559	5,580,546 *
				<p>To adjust the as settled (MH 1966A) SD/MC units of service/time for the county's contract providers to agree with the State DMH Approved Claims Report dated March 6, 2008. (Net disallowed claims of 25,887 units). Above adjustments include Phase II.</p> <p>Copies of workpapers detailing adjustments by service functions have been provided to the County.</p>			
48	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 1,210,777	(220)	1,210,557 *
49	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 4,049,891	(8,055)	4,041,836 *
-	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 0	-	0 *
-	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 0	-	0 *
-	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 12,208	-	12,208 *
-	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	** 46,746	-	46,746 *
-	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 53,971	-	53,971 *
50	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	** 206,953	6,915	213,868 *
			Info	TOTAL	** 5,580,546	(1,360)	5,579,186 *
				<p>To adjust the State DMH Approved Claims Report dated March 6, 2008 to incorporate the adjustments made by the County and not being updated in State DMH Approved Claims.</p>			
				<p>* Balance carried forward to subsequent adjustment.</p> <p>** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
51	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 1,210,557	(5,469)	1,205,088 *
52	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 4,041,836	(13,536)	4,028,300 *
53	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 0	2,056	2,056 *
54	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 0	6,781	6,781 *
55	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 12,208	(1,074)	11,134 *
56	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	** 46,746	(750)	45,996 *
57	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 53,971	(10)	53,961 *
58	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	** 213,868	381	214,249 *
			Info	TOTAL	** 5,579,186	(11,621)	5,567,565 *
				To adjust the SD/MC units of service/time per the State DMH Net Approved Claims Report to the Net county's records. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY				00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
59	MH 1966A	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 1,205,088	(2,615)	1,202,473
60	MH 1966A	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 4,028,300	(2,041)	4,026,259
61	MH 1966A	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 2,056	(975)	1,081
62	MH 1966A	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 6,781	(3,225)	3,556
63	MH 1966A	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 11,134	(795)	10,339
64	MH 1966A	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	** 45,996	(5,586)	40,410
65	MH 1966A	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 53,961	(2,721)	51,240
66	MH 1966A	11A	Total	HEALTHY FAMILIES - 10/01/03 to 06/30/04	** 214,249	(1,216)	213,033
		Info		TOTAL	** 5,567,565	(19,174)	5,548,391
				To adjust SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report. Copies of workpapers detailing adjustments by service functions have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider STANISLAUS COUNTY				Provider Number 00050	No. of Adj. 82	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS - COUNTY</u>			
				<u>MODE 15 Program 1</u>			
67	MH 1966A	2		SERVICE FUNCTION 15/01	2,062,447	104,877	2,167,324
68	MH 1966A	2		SERVICE FUNCTION 15/10	2,747,463	153,418	2,900,881
69	MH 1966A	2		SERVICE FUNCTION 15/70	758,631	2,475	761,106
				<u>Program 2 MHS</u>			
70	MH 1966A	2		SERVICE FUNCTION 15/10	640	(60)	580
				<u>Program 2 ASO</u>			
71	MH 1966A	2		SERVICE FUNCTION 15/60	618	(48)	570
				To adjust the Total Units to agree with the county's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider					Provider Number	No. of Adj.	Fiscal Period Ended	
STANISLAUS COUNTY					00050	82	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.					
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - COUNTY</u>				
72	MH 1968	28	E	PATIENT AND OTHER PAYOR REVENUE - I/P (07/01/03 - 09/30/03)	\$ 341,926	\$ 56,534	\$ 398,460	
73	MH 1968	28A	E	PATIENT AND OTHER PAYOR REVENUE - I/P (10/01/03 - 06/30/04)	\$ 1,205,808	\$ 28,856	\$ 1,234,664	
74	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE - O/P (07/01/03 - 09/30/03)	\$ 31,335	\$ 1,656	\$ 32,991	
75	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUE - O/P (10/01/03 - 06/30/04)	\$ 96,965	\$ 812	\$ 97,777	
				To adjust patient and other payor revenue to agree with the county's records.				
				<u>ADJUSTMENTS TO PATIENT AND OTHER PAYOR REVENUE - CONTRACT PROVIDERS</u>				
76	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE - O/P (07/01/03 - 09/30/03)	\$ 6,546	\$ 1,818	\$ 8,364	
				To adjust patient and other payor revenue to agree with the county's records.				
				</				

AUDIT ADJUSTMENTS

Provider STANISLAUS COUNTY				Provider Number 00050	No. of Adj. 82	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
77	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBURSEMENT To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.	\$ 10,012,043	\$ 124,658	\$ 10,136,701
78	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 12,371,190	\$ (599,943)	\$ 11,771,247
79	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	\$ 117,886	\$ (9,956)	\$ 107,929
				TOTAL REIMBURSEMENT- COUNTY	12,489,075	\$ (609,899)	\$ 11,879,176
80	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	\$ 5,330,997	\$ (9,177)	\$ 5,321,820
81	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	\$ 292,652	\$ (1,440)	\$ 291,212
				TOTAL REIMBURSEMENT- CONTRACT PROVIDERS	\$ 5,623,649	(10,617)	\$ 5,613,032
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				<u>ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT</u>			
82	Sch. 4	8	3	TOTAL EPSDT SGF To adjust the final EPSDT settlement as a result of adjustments to audited Medi-Cal cost.	\$ 4,354,772	\$ (52,391)	\$ 4,302,381
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

**STANISLAUS COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SHORT-DOYLE/MEDI-CAL PROGRAM
FINDINGS AND RECOMMENDATIONS
FOR FISCAL YEAR ENDED JUNE 30, 2004**

FINDING 1 – COSTS ALLOCATION BETWEEN MODES AND SERVICE FUNCTIONS

Our review disclosed that the County was not in compliance with the cost report instructions for the methodology of costs allocation between Modes and Service Functions. The allocation bases the County applied are Total Service Units and some short-term historical statistics, such as Emergency Service Hours, that are not recommended in the cost report instructions. Acceptable bases of allocation are (1) Direct, (2) based on Staff time study, or (3) using relative value based on units of service and published charges. This issue has been existing in prior years.

AUDIT AUTHORITY:

FY 03-04 Cost Report Instruction Manual (CFRS, page 27 and 29).

RECOMMENDATION:

We recommend that the County review the cost report instructions, and select and develop an appropriate method to distribute its costs between Modes and Service Functions.

AUDITEE'S RESPONSE:

We have reviewed the findings related to the FY03-04 audit and accept the recommendations as proposed.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS

MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

County Code: 50

Legal Entity: STANISLAUS COUNTY		A	B	C
Legal Entity Number: 00050		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	35,133,417	38,399,019	73,532,436
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(16,323,140)	(16,323,140)
4	Other Adjustments from MH 1962	(2,636,931)	(10,259,826)	(12,896,757)
5	Total Costs Before Medi-Cal Adjustments	32,496,486	11,816,053	44,312,539
6	Medi-Cal Adjustments from MH 1961		370,395	370,395
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			44,682,934
Administrative Costs (County Only)				
9	SD/MC Administration			3,809,585
10	Healthy Families Administration			68,711
11	Non-SD/MC Administration			2,471,346
12	Total Administrative Costs			6,349,642
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			917,539
14	Other SD/MC Utilization Review			26,166
15	Non-SD/MC Utilization Review			174,223
16	Total Utilization Review Costs			1,117,928
17	Research and Evaluation (County Only)			0
18	Mode Costs (Direct Service and MAA)			37,215,364
19	Total Costs - Lines 9 through 18			44,682,934

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY
 County Code: 50

Legal Entity: STANISLAUS COUNTY		A	B	C
Legal Entity Number: 00050		Salaries and Benefits	Other	Total Adjustments
1	Depreciation		345,075	345,075
2	Equipment Purchases		(5,132)	(5,132)
3	Outpatient Food Expense		(11,706)	(11,706)
4	A-87 Adjustment		42,158	42,158
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		370,395	370,395

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

OTHER ADJUSTMENTS

MH 1962 (08/04)

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

County Code: 50

Legal Entity: STANISLAUS COUNTY		A	B	C
Legal Entity Number: 00050		Salaries and Benefits	Other	Total Adjustments
1	Reclass Payroll Costs from Inddept to salary and benefits	(616,382)	616,382	
2	Private Plan Expense Not Incl on Cost Report		(2,140)	(2,140)
3	Back out Wrap Around		(119,392)	(119,392)
4	Transitional Living Expense		(463,449)	(463,449)
5	Supplemental Services		3,064	3,064
6	State Hospital Expense		(718,853)	(718,853)
7	CSA 30155 Case Managers		(39,037)	(39,037)
8	CSA Match for AOD programs		(23,000)	(23,000)
9	Reclass CSA match from Interdept exp to acct 46620		(201,800)	(201,800)
10	AOD Services	(2,148,718)	(1,335,095)	(3,483,813)
11	Reclass MIO Program Probation Officer from interdept	53,480	(53,480)	
12	Reclass CSOC Program Probation Officer from interdept	72,421	(72,421)	
13	Reclass CSOC Nurse Services from interdept	2,268	(2,268)	
14	Providers file own cost report		(140,949)	(140,949)
15	Prior Year Expenses		337,169	337,169
16	Reverse Cost Applied between MH & SBHC		(1,089,691)	(1,089,691)
17	Reverse Cost Applied in from SBHC		(387,459)	(387,459)
18	Reverse Cost Applied from SBHC		(872,317)	(872,317)
19	Total Public Inpatient exp for interdpt svcs		(5,695,090)	(5,695,090)
20	Total Adjustments	(2,636,931)	(10,259,826)	(12,896,757)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY
County Code: 50

Legal Entity: STANISLAUS COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00050			Mode Total	Service Function 10	Service Function 19	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Hospital Inpatient (SFC 10-19)									
1	Allocation Percentage		100.00%	98.57%	1.43%				
2	Total Units			20,627	300				
3	Gross Cost		17,134,171	16,888,543	245,628				
4	Cost per Unit			818.76	818.76				
5	SMA per Unit			873.40	236.78				
6	Published Charge per Unit			1,036.54	1,036.54				
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		2,158	29				
8A		10/01/03 - 06/30/04		5,707	268				
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		670					
9A		10/01/03 - 06/30/04		2,349					
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04		28					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			9,715	3				
13	Medi-Cal Costs *	07/01/03 - 09/30/03	1,778,408	1,766,882	11,526				
13A		10/01/03 - 06/30/04	4,779,247	4,672,658	106,589				
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,896,323	1,884,797	11,526				
14A		10/01/03 - 06/30/04	5,091,083	4,984,494	106,589				
15	Medi-Cal Published Charges *	07/01/03 - 09/30/03	2,248,379	2,236,853	11,526				
15A		10/01/03 - 06/30/04	6,022,123	5,915,534	106,589				
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	548,569	548,569					
17A		10/01/03 - 06/30/04	1,923,265	1,923,265					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	585,178	585,178					
18A		10/01/03 - 06/30/04	2,051,617	2,051,617					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	694,482	694,482					
19A		10/01/03 - 06/30/04	2,434,832	2,434,832					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC (Children) Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04	22,925	22,925					
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04	24,455	24,455					
23	Enhanced SD/MC (Children) Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04	29,023	29,023					
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		8,081,757	7,954,244	127,513				

* : SFC 05-19 limited to SMA, HBP & Ancillaries.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 1ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY
County Code: 50

CR

Legal Entity: STANISLAUS COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00050				Service	Service	Service	Service	Service	Service
Mode: 10 - Day Services			Mode Total	Function	Function	Function	Function	Function	Function
				86					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			243					
3	Gross Cost		66,912	66,912					
4	Cost per Unit			275.36					
5	SMA per Unit			183.46					
6	Published Charge per Unit			400.00					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03							
8A		10/01/03 - 06/30/04							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			243					
13	Medi-Cal Costs	07/01/03 - 09/30/03							
13A		10/01/03 - 06/30/04							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A		10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		66,912	66,912					

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY
County Code: 50

County Code: 50			CR	CR	CR	CR	CAW	CAW	
Legal Entity: STANISLAUS COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00050			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)				01	10	60	70	01	10
1	Allocation Percentage		100.00%	22.25%	37.22%	20.45%	15.63%	1.71%	2.70%
2	Total Units			2,167,324	2,900,881	797,000	761,106	104,877	153,418
3	Gross Cost		16,060,528	3,573,176	5,978,201	3,284,951	2,509,607	274,014	433,935
4	Cost per Unit			1.65	2.06	4.12	3.30	2.61	2.83
5	SMA per Unit			1.83	2.36	4.37	3.52	1.83	2.36
6	Published Charge per Unit			2.00	2.50	5.00	4.00	2.00	2.50
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		321,119	544,858	122,629	108,122		
8A		10/01/03 - 06/30/04		858,903	1,541,140	356,456	258,809		
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		15	1,020	19,823	330		
9A		10/01/03 - 06/30/04		1,245	8,403	65,622	805		
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		1,097	2,200	345	45		
10A		10/01/03 - 06/30/04		1,265	6,049	1,035	750		
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		135	370	380			
11		10/01/03 - 09/30/03		4,235	9,315	1,270	450		
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04		14,700	18,862	2,283	1,465		
12		Non-Medi-Cal Units		964,610	768,664	227,157	390,330	104,877	153,418
13	Medi-Cal Costs	07/01/03 - 09/30/03	2,514,217	529,415	1,122,856	505,433	356,512		
13A		10/01/03 - 06/30/04	6,914,613	1,416,037	3,176,016	1,469,185	853,375		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	2,789,991	587,648	1,285,865	535,889	380,589		
14A		10/01/03 - 06/30/04	7,677,603	1,571,792	3,637,090	1,557,713	911,008		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	3,050,016	642,238	1,362,145	613,145	432,488		
15A		10/01/03 - 06/30/04	8,388,172	1,717,806	3,852,850	1,782,280	1,035,236		
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	84,918	25	2,102	81,703	1,088		
17A		10/01/03 - 06/30/04	292,495	2,053	17,317	270,471	2,654		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	90,223	27	2,407	86,627	1,162		
18A		10/01/03 - 06/30/04	311,711	2,278	19,831	286,768	2,834		
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	103,015	30	2,550	99,115	1,320		
19A		10/01/03 - 06/30/04	354,828	2,490	21,008	328,110	3,220		
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	7,913	1,809	4,534	1,422	148		
21A		10/01/03 - 06/30/04	21,290	2,086	12,466	4,266	2,473		
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	8,866	2,008	5,192	1,508	158		
22A		10/01/03 - 06/30/04	23,754	2,315	14,276	4,523	2,640		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	9,599	2,194	5,500	1,725	180		
23A		10/01/03 - 06/30/04	25,828	2,530	15,123	5,175	3,000		
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	2,551	223	763	1,566			
26		Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	2,781	247	873	1,661		
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	3,095	270	925	1,900			
28		Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03	32,897	6,982	19,197	5,234	1,484		
29A		10/01/03 - 06/30/04	77,347	24,235	38,871	9,410	4,831		
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	36,867	7,750	21,983	5,550	1,584		
30A		10/01/03 - 06/30/04	86,549	26,901	44,514	9,977	5,157		
31	Healthy Families Published Charges	07/01/03 - 09/30/03	39,908	8,470	23,288	6,350	1,800		
31A		10/01/03 - 06/30/04	93,830	29,400	47,155	11,415	5,860		
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		6,112,287	1,590,312	1,584,080	936,260	1,287,041	274,014	433,935

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY

County Code: 50

CAW

Legal Entity: STANISLAUS COUNTY			H	I	J	K	L	M	N
Legal Entity Number: 00050			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)									
			70						
1	Allocation Percentage		0.04%						
2	Total Units		2,475						
3	Gross Cost		6,644						
4	Cost per Unit		2.68						
5	SMA per Unit		3.52						
6	Published Charge per Unit		4.00						
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03							
8A		10/01/03 - 06/30/04							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units		2,475						
13	Medi-Cal Costs	07/01/03 - 09/30/03							
13A		10/01/03 - 06/30/04							
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A		10/01/03 - 06/30/04							
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A		10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		6,644						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY
County Code: 50

Legal Entity: STANISLAUS COUNTY			MHS	MHS	ASO	ASO	ASO
Legal Entity Number: 00050			A	B	C	D	E
Mode: 15 - Outpatient (Program 2)			Mode Total	Service Function	Service Function	Service Function	Service Function
				10	60	01	10
							60
1	Allocation Percentage		100.00%	2.15%	18.18%	0.48%	76.46%
2	Total Units			580	4,530	240	29,580
3	Gross Cost		60,514	1,304	11,001	291	46,267
4	Cost per Unit			2.25	2.43	1.21	1.56
5	SMA per Unit			2.36	4.37	1.83	2.36
6	Published Charge per Unit						
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/03 - 09/30/03		255	1,230	180	7,485
8A		10/01/03 - 06/30/04		304	2,333	60	18,534
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					
9A		10/01/03 - 06/30/04					
10	Enhanced SD/MC Units	07/01/03 - 09/30/03					
10A		10/01/03 - 06/30/04					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03					
11A		10/01/03 - 06/30/04					
12	Non-Medi-Cal Units			21	967		3,561
13	Medi-Cal Costs	07/01/03 - 09/30/03	16,094	573	2,987	218	11,708
13A		10/01/03 - 06/30/04	36,292	683	5,666	73	28,990
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	24,889	602	5,375	329	17,665
14A		10/01/03 - 06/30/04	56,091	717	10,195	110	43,740
15	Medi-Cal Published Charges	07/01/03 - 09/30/03					
15A		10/01/03 - 06/30/04					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03					
16A		10/01/03 - 06/30/04					
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03					
17A		10/01/03 - 06/30/04					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03					
18A		10/01/03 - 06/30/04					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03					
19A		10/01/03 - 06/30/04					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03					
20A		10/01/03 - 06/30/04					
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03					
21A		10/01/03 - 06/30/04					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03					
22A		10/01/03 - 06/30/04					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03					
23A		10/01/03 - 06/30/04					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03					
24A		10/01/03 - 06/30/04					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					
29	Healthy Families Costs	07/01/03 - 09/30/03					
29A		10/01/03 - 06/30/04					
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03					
30A		10/01/03 - 06/30/04					
31	Healthy Families Published Charges	07/01/03 - 09/30/03					
31A		10/01/03 - 06/30/04					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					
32A		10/01/03 - 06/30/04					
33	Non-Medi-Cal Costs		8,128	47	2,348	0	5,570

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

PAGE 1 OF 1
FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY
County Code: 50

County Code: 50		CR	CR	CAW	CAW			
Legal Entity: STANISLAUS COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00050			Service	Service	Service	Service	Service	Service
Mode: 45 - Outreach		Mode Total	Function	Function	Function	Function	Function	Function
			10	20	10	20		
1	Allocation Percentage	100.00%	41.31%	39.44%	5.22%	14.03%		
2	Total Units		10,657	12,098	1,109	2,980		
3	Gross Cost	3,492,535	1,442,711	1,377,473	182,368	489,983		
4	Cost per Unit		135.38	113.86	164.44	164.42		
5	Non-Medi-Cal Units		10,657	12,098	1,109	2,980		
6	Non-Medi-Cal Costs	3,492,535	1,442,711	1,377,473	182,368	489,983		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY County Code: 50 Legal Entity: STANISLAUS COUNTY Legal Entity Number: 00050			REIMBURSEMENT TYPE				Costs	Costs			Costs	Costs	
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29								
1	Medi-Cal Costs	07/01/03 - 09/30/03					1,778,408			2,514,217	2,514,217	16,094	2,530,311
1A		10/01/03 - 06/30/04					4,779,247			6,914,613	6,914,613	36,292	6,950,905
2	Medi-Cal SMA	07/01/03 - 09/30/03					1,896,323			2,789,991	2,789,991	24,689	2,814,679
2A		10/01/03 - 06/30/04					5,091,083			7,677,603	7,677,603	56,091	7,733,694
3	Medi-Cal P. C.	07/01/03 - 09/30/03					2,248,379			3,050,016	3,050,016		3,050,016
3A		10/01/03 - 06/30/04					6,022,123			8,388,172	8,388,172		8,388,172
4	Medi-Cal N. R.	07/01/03 - 09/30/03											
4A		10/01/03 - 06/30/04											
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					1,778,408			2,514,217	2,514,217	16,094	2,530,311
5A		10/01/03 - 06/30/04					4,779,247			6,914,613	6,914,613	36,292	6,950,905
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03					548,569			84,918	84,918		84,918
6A		10/01/03 - 06/30/04					1,923,265			292,495	292,495		292,495
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03					585,178			90,223	90,223		90,223
7A		10/01/03 - 06/30/04					2,051,617			311,711	311,711		311,711
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03					694,482			103,015	103,015		103,015
8A		10/01/03 - 06/30/04					2,434,832			354,828	354,828		354,828
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03											
9A		10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03					548,569			84,918	84,918		84,918
10A		10/01/03 - 06/30/04					1,923,265			292,495	292,495		292,495
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03					2,326,977			2,599,135	2,599,135	16,094	2,615,229
11A		10/01/03 - 06/30/04					6,702,512			7,207,108	7,207,108	36,292	7,243,400
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								7,913	7,913		7,913
12A		10/01/03 - 06/30/04					22,925			21,290	21,290		21,290
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								8,866	8,866		8,866
13A		10/01/03 - 06/30/04					24,455			23,754	23,754		23,754
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								9,599	9,599		9,599
14A		10/01/03 - 06/30/04					29,023			25,828	25,828		25,828
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03								7,913	7,913		7,913
16A		10/01/03 - 06/30/04					22,925			21,290	21,290		21,290
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04								2,551	2,551		2,551
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04								2,781	2,781		2,781
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04								3,095	3,095		3,095
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03					2,326,977			2,607,048	2,607,048	16,094	2,623,142
21A		10/01/03 - 06/30/04					6,725,437			7,228,398	7,228,398	36,292	7,264,690
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04								2,551	2,551		2,551
23	Healthy Families Cost	07/01/03 - 09/30/03								32,897	32,897		32,897
23A		10/01/03 - 06/30/04								77,347	77,347		77,347
24	Healthy Families SMA	07/01/03 - 09/30/03								36,867	36,867		36,867
24A		10/01/03 - 06/30/04								86,549	86,549		86,549
25	Healthy Families P. C.	07/01/03 - 09/30/03								39,908	39,908		39,908
25A		10/01/03 - 06/30/04								93,830	93,830		93,830
26	Healthy Families N. R.	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03								32,897	32,897		32,897
27A		10/01/03 - 06/30/04								77,347	77,347		77,347
28	Less: Patient and Other Payor Revenue												
28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03					398,460			32,991	32,991		32,991
28A		10/01/03 - 06/30/04					1,234,664			97,777	97,777		97,777
29	Enhanced SD/MC (Children) Revenue						2,183			349	349		349
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)									246	246		246
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03					1,926,334			2,573,708	2,573,708	16,094	2,589,802
35A		10/01/03 - 06/30/04					5,490,773			7,130,621	7,130,621	36,292	7,166,913
36	Net Due - Enhanced SD/MC (Refugees)									2,551	2,551		2,551
37	Net Due - Healthy Families	07/01/03 - 09/30/03								32,651	32,651		32,651
37A		10/01/03 - 06/30/04								77,347	77,347		77,347
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (Includes Children)	07/01/03 - 09/30/03											
38A		10/01/03 - 06/30/04											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/03 - 09/30/03											
40A		10/01/03 - 06/30/04											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: STANISLAUS COUNTY
County Code: 50

Legal Entity: STANISLAUS COUNTY			A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00050			Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
	SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			9,052,414	9,890,384	18,942,797						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement			159,820	10,136,701	10,296,521						
3	Total Medi-Cal Direct Service Gross Reimbursement					29,239,318						
4	Medi-Cal Administrative Reimbursement Limit					4,385,898						
5	Medi-Cal Administration					3,809,585						
6	Medi-Cal Administrative Reimbursement					3,809,585	1,904,793					1,904,793
	Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement				110,244	110,244						
7A	Contract Providers Healthy Families Direct Service Gross Reim.				450,233	450,233						
7B	Total Healthy Families Direct Service Gross Reimbursement					560,477						
8	Healthy Families Administrative Reimbursement Limit					56,048						
9	Healthy Families Administration					68,711						
10	Healthy Families Administrative Reimbursement					56,048				36,431		36,431
	SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09											
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					917,539					688,154	688,154
15	Other SD/MC Utilization Review (County Only)					26,166	13,083					13,083
16	SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03		1,928,517	2,582,238	4,510,755		2,451,595				2,451,595
16A		10/01/03 - 06/30/04		5,467,848	7,145,623	12,613,471			6,678,833			6,678,833
17	Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03		(2,183)	7,564	5,381				3,497		3,497
17A		10/01/03 - 06/30/04		22,925	21,290	44,216				28,740		28,740
18	Enhanced SD/MC Net Reimb. (Refugees)				2,551	2,551				2,551		2,551
19	Total SD/MC Reimbursement Before Excess FFP											11,771,247
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											11,771,247
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											11,771,247
24	Healthy Families Net Reimbursement	07/01/03 - 09/30/03			32,651	32,651				21,223		21,223
24A		10/01/03 - 06/30/04			77,347	77,347				50,275		50,275
25	Total Healthy Families Reimbursement Before Excess FFP											107,929
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											107,929